

Work Order ID 104965

July-23-13 12:57:49 PM

104965

Page 1

Item ID: D2348

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Wearplate (key way)

Stop

NS2

Start Date: 7/29/13 Start Qty: 12.00

12

Cust Item ID:

Required Date: 7/29/13 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals:

Process Plan: M-L-J

Date: 13-07-25

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr								
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D2348	Rev C								
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100 0.00

100 FLOW WATER JET 12 0 Jm, 3-09-29

Waterjet

FLOW CNC Waterjet

6061-063

Memo 0.00

1-Cut as per Dwg D2348

Dwg Rev: C

Prog Rev: C

2-Deburr if necessary

110 0.00

110 QC 12 0 Jm, 3-09-29

QC

Quality Control

120 0.00

120 QC DAS 27 9-89 12 Jm, 3-09-29

QC

Quality Control

120 0.00

120 QC 12 Jm, 3-09-29

Memo

Quality Control

120 0.00

120 QC 12 Jm, 3-09-29

Memo

Quality Control

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS							
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
Landing Gear				General									
Bending	Bend	Grain	Ovalized	Pressure/Forced									
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure									
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld									
Crushed/Crimped	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled									
Cuffs	Contamination	Maintenance	Part Moved										
Heat Treat	Countersink	Mislabeled	Positioned Wrong										
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge										
Ripples in Bend	Drill Holes	Offset											
Torque Waves in Extrusion	Drawing	Out of Calibration											
Turning Sequence	Finish	Out of Sequence											
Wave/Twist in Tube	Folio	Outside Dimensions											

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Page 2

Item ID: D2348

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Wearplate (key way)

Stop

NS2

Start Date: 7/29/13 Start Qty: 12.00 *12*

Cust Item ID:

Required Date: 7/29/13 Req'd Qty: 12.00 *12*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

150

Outsource process-Anodize per QSI017 4.1.10.1

0.00

150

Outsource4

Memo

0.00

Issue P/O: A1575

Black Anodize per Dwg D2348

Ensure Certificate of Conformity is attached

PL 13-10-2

160

Receive & Inspect for Damage & Mat'l Certs

0.00

160

Packaging

Memo

0.00

Ensure certificate of conformity is attached

P 13/14/13 (12)

170

QC5- Inspect part completeness to step on W/O

0.00

DAS

27

9-89

170

QC

Quality Control

Memo

0.00

13 10 9

R

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS																																																																																																																																									
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>																																																																																																																											
Part No. _____			Work Order Update <input type="checkbox"/>																																																																																																																																												
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Training																																																																																																																																															
Unapproved																																																																																																																																															
FAULT CATEGORY																																																																																																																																															
Landing Gear				<table border="0"> <tr><td colspan="2">General</td><td colspan="9"></td></tr> <tr><td><input type="checkbox"/></td><td>Bend</td><td><input type="checkbox"/></td><td>Grain</td><td><input type="checkbox"/></td><td>Ovalized</td><td><input type="checkbox"/></td><td>Pressure/Forced</td></tr> <tr><td><input type="checkbox"/></td><td>Centre Not Concentric to O/S</td><td><input type="checkbox"/></td><td>BOM/Route</td><td><input type="checkbox"/></td><td>Over/Under tolerance</td><td><input type="checkbox"/></td><td>Temperature/Cure</td></tr> <tr><td><input type="checkbox"/></td><td>Cracks</td><td><input type="checkbox"/></td><td>Broken/Damaged</td><td><input type="checkbox"/></td><td>Part Incorrect</td><td><input type="checkbox"/></td><td>Weld</td></tr> <tr><td><input type="checkbox"/></td><td>Crushed/Crimped</td><td><input type="checkbox"/></td><td>Burrs</td><td><input type="checkbox"/></td><td>Part Lost/Missing</td><td><input type="checkbox"/></td><td>Wrong Stock Pulled</td></tr> <tr><td><input type="checkbox"/></td><td>Cuffs</td><td><input type="checkbox"/></td><td>Contamination</td><td><input type="checkbox"/></td><td>Part Moved</td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Heat Treat</td><td><input type="checkbox"/></td><td>Countersink</td><td><input type="checkbox"/></td><td>Positioned Wrong</td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Inspection Strip in Tube</td><td><input type="checkbox"/></td><td>Cut Too Short</td><td><input type="checkbox"/></td><td>Power Loss/Surge</td><td><input type="checkbox"/></td><td>Other</td></tr> <tr><td><input type="checkbox"/></td><td>Ripples in Bend</td><td><input type="checkbox"/></td><td>Drill Holes</td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Torque Waves in Extrusion</td><td><input type="checkbox"/></td><td>Drawing</td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Turning Sequence</td><td><input type="checkbox"/></td><td>Finish</td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Wave/Twist in Tube</td><td><input type="checkbox"/></td><td>Folio</td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td></tr> <tr><td colspan="15"></td></tr> <tr><td colspan="15"></td></tr> </table>											General											<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced	<input type="checkbox"/>	Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure	<input type="checkbox"/>	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld	<input type="checkbox"/>	Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled	<input type="checkbox"/>	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>		<input type="checkbox"/>	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>		<input type="checkbox"/>	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other	<input type="checkbox"/>	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>		<input type="checkbox"/>																															
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Work Order ID 104965

July-23-13 12:57:49 PM

104965

Page 3

Item ID: D2348

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Wearplate (key way)

Stop

NS2

Start Date: 7/29/13 Start Qty: 12.00 *12*

Cust Item ID:

Required Date: 7/29/13 Req'd Qty: 12.00 *12*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

180

180

Small Fab

Small Fab

0.00

12X

ES/10/09

190

190

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

DAS

27

9-89

13-10-9

12

200

200

Packaging

Packaging

Identify as per dwg & Stock Location: ST009 0.00

0.00

DAS

26

9-89

12X

13-10-9

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS						
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
				Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data	<input type="checkbox"/>											
Equip/Tooling	<input type="checkbox"/>											
Operator	<input type="checkbox"/>											
Material	<input type="checkbox"/>											
Setup	<input type="checkbox"/>											
Other	<input type="checkbox"/>											
Process	<input type="checkbox"/>											
Supplier	<input type="checkbox"/>											
Training	<input type="checkbox"/>											
Unapproved	<input type="checkbox"/>											
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube					General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
											<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
											<input type="checkbox"/> Other	

Work Order ID 104965

104965

Page 4

July-23-13 12:57:49 PM

Item ID: D2348

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Wearplate (key way)

Stop

NS2

Start Date: 7/29/13 Start Qty: 12.00

12

Cust Item ID:

Required Date: 7/29/13 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

210

210

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

JJ/RM 13/10/10

MF
13-10-10

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ **Date:** _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled							

Picklist Print

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Work Order ID: 104965

Parent Item: D2348

Start Date: 7/29/13

Required Date: 7/29/13

Parent Item Name: Wearplate (key way)

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP Rev A Removed from 9 Digit 05-12-05 JLM
IPP Rev:B Now on Waterjet 06-07-03 JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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D3996-FE-832-EF Self-Clinching Fastener		Manufactured	No			180	Each	301.0000	4	48		9/13/10/09	
--------------------------------------------	--	--------------	----	--	--	-----	------	----------	---	----	--	------------	--

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
GA	301	
82502	46	
85727	34	
96038-	221	48

M6061T6S.063 6061-T6 .063 Sheet		Purchased	No			100	sf	478.3755	0.0198	0.250T052	1.0	Jm13-0928
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<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT021	478.3755	
123135	120.2625	
124003	72.113	
M126075	286	126075

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS								
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
Part No. _____			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>						
NCR No. _____			Description of work order update or Non-conformance						Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Root Cause	Date	Step	Qty										
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
Landing Gear				General									
				Bending <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>						
				Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>						
				Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>						
				Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>						
				Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Part Moved <input type="checkbox"/>							
				Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>							
				Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>						
				Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>								
				Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>								
				Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>								
				Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>								

DART AEROSPACE LTD	Work Order:	104965
Description: Wear Plate	Part Number:	D2348
Inspection Dwg: D2348	Rev: C	Page 1 of 1

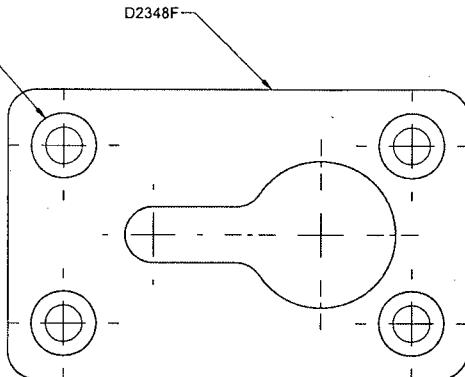
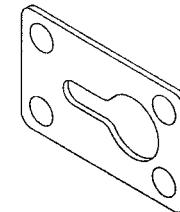
FIRST ARTICLE INSPECTION CHECKLIST

Page

Measured by: Jm	Audited by: 27 9-89	Preliminary Approval:
Date: 13-09-29	Date: 13-09-30	Date:

Rev	Date	Change	Revised by	Approved
A	04.06.25	New Issue P/O D350-616-015	KJ/JLM	
B	10.06.04	Dimensions update per Dwg Rev C	KJ	

LINE	REV.	P/N	DESCRIPTION
1	X	D2348	WEAR PLATE
2	1	D2348F	FLAT PATTERN
3	4	D3996-FE-832-EF	SELF-CLINCHING FASTENER



D2348 WEAR PLATE

NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D2348" USING REMOVABLE TAG
- 7) WEIGHT: 0.01 lbs

8 7 6 5 4 3 2 1

LINE
SHEET

104965 MCS
13-07-25

RELEASED
2009-11-09
N/A

C	REDRAW, ADD +0.003/-0.000 TOL (ZN D4-2), NCR 08-042	CP	09.10.01
B2	CHANGED BACK TO 6061-T6	DS	02.02.21
B1	CHANGED TO AISI 304/316 MATERIAL	DS	00.03.07
B	CHANGED PEM INSERT TO 8-32	BW	95.02.20
REV.	DESCRIPTION		
DESIGN	BW	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	99	DRAWING NO. D2348	
CHECKED	8	REV. C SHEET 1 OF 2	
MFG. APPR.	N	TITLE WEAR PLATE	
APPROVED	#	SCALE NTS	
DE APPR.	#	DATE 09.10.01	
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D

D

C

C

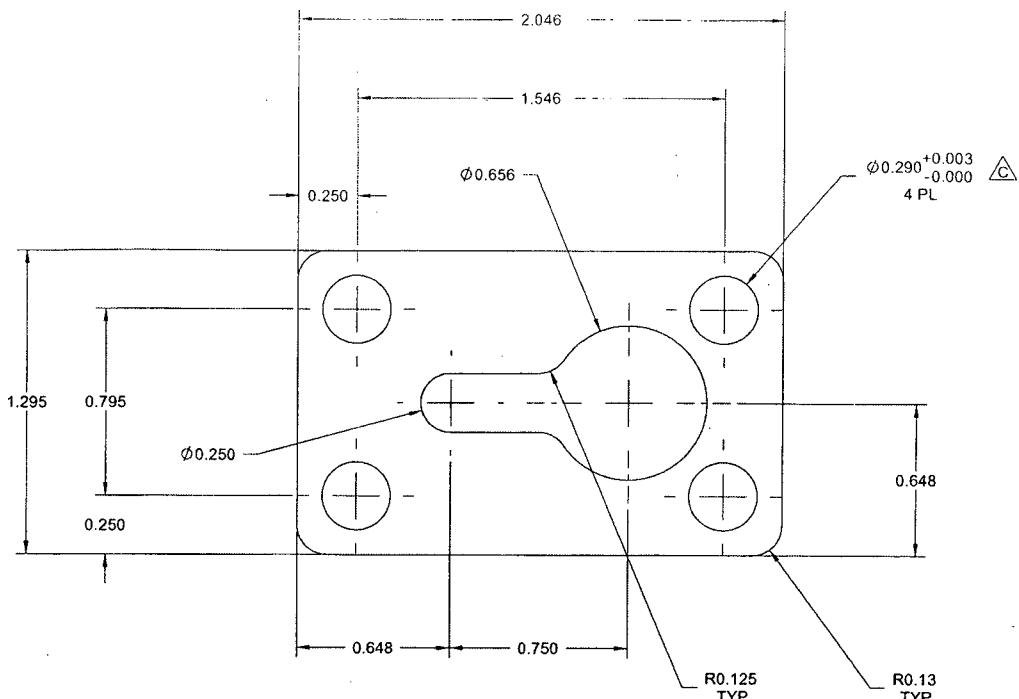
B

B

A

A

104965

**D2348F FLAT PATTERN****NOTES:**

- 1) MATERIAL: 6061-T6 ALUMINUM SHEET 0.063 THICK PER QQ-A-250/11 OR AMS 4025 OR AMS 4027 OR ASTM B209
REF DART SPEC M6061T6S.063
- 2) FINISH: BLACK ANODIZE PER MIL-A-8625F TYPE I/IIB/IC/I/II/IIIB CLASS 2
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D2348F" USING REMOVABLE TAG
- 7) WEIGHT: 0.01 lbs

8 7 6 5 4 3 2 1 A B C D 8 7 6 5 4 3 2 1 B C D

DESIGN	BW	DART AEROSPACE LTD	
DRAWN	<i>PP</i>	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>BB</i>	REV. C	
MFG. APPR.	<i>ND</i>	SHEET 2 OF 2	
APPROVED	<i>MV</i>	TITLE	
DE APPR.	<i>SH</i>	SCALE	
DATE	09.10.01	WEAR PLATE NTS	

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RELEASED
 2009 -11- 09
SN



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62673

Date: 08-Oct-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via
Quantity	Description	Rev:
1 lot	Part: ASST 12 PCS D4703-043 12 PCS D2348 6 PCS 41232-200-002-005 BLACK ANODIZE MIL-A-8625 TYPE II CLASS 2 MINIMUM RUN Job: 20130632	PO: 21575 Line:
Certificate of Conformance		
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.		
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY		
DATE: _____		
CERTIFIED SIGNATURE: _____		
RECEIVER SIGNATURE: _____		